

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016323

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278Primary Registration District No. 3084Registrar's No. 72

FILED MAY 15 1962

1. PLACE OF DEATH

a. COUNTY Pikeb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LouisianaLength of stay in 1b
2 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION On Farm R.F.D.#2Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pikec. CITY OR TOWN LouisianaInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.F.D.#2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Thomas Franklin Hanners4. DATE OF DEATH
Month Day Year
May 8 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/20/1926

9. AGE (last birthday)

35IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Timber

11. BIRTHPLACE (City and state or country)

Doniphan Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Daniel G. Hanners

13b. MOTHER'S MAIDEN NAME

Mary Ann Antroy

14. NAME OF HUSBAND OR WIFE

Katy Sue Hanners15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)YesKorean

16. SOCIAL SECURITY NO.

17. INFORMANT

Katy Sue Hanners

Address

Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Trauma to Head

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Tractor overturned, Subject was20c. TIME OF INJURY
Hour Month, Day, Year
7 p.m. May 8-196220d. INJURY OCCURRED WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Farm

20f. CITY, TOWN, OR LOCATION

9 Mi N.W. Louisiana, Pike Mo.

COUNTY STATE

21. I attended the deceased from

7 P

to

and last saw him

on

May 8

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. O. Mudd

(Degree or title)

Couroner

22b. ADDRESS

Bauley Ferry, Mo.

22c. DATE SIGNED

May 9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/12/1962

23c. NAME OF CEMETERY OR CREMATORY

FairView Cemetery

23d. LOCATION (City, town, or county)

Rte #1 Louisiana, Mo.

24. FUNERAL DIRECTOR

Storke Funeral Home, Louisiana, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 11-1962

26. REGISTRAR'S SIGNATURE

Berrie Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/591 08202 082034 05 167 08 29 9/12/110 311 08212 90-313 2-0

MAY 23 1962
JUN 9 1962

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
DATE: _____
TIME: _____
BY: _____
WITNESSES: _____
EMBALMER: _____
STUDENT: _____
SIGNED: _____
LICENSED EMBALMER NO. _____
P. O. ADDRESS: _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.
Student _____
Signature of Student Embalmer _____

Signed J. B. Sterne

Licensed Embalmer No. 4039
P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

State Funeral Home, Louisiana, Mo.
Sterne Funeral Home, Louisiana, Mo.
Sterne Funeral Home, Louisiana, Mo.